Recipient Committee Campaign Statement Cover Page			Date Stamp	SRNI/
	Statement covers period from 10/18/2020	Date of election if applicable: (Month, Day, Year)	FILED JAN 3 1 2021	Page 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020		CITY OF SANTA MARIA	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	ayoun	
Committee Canting Committee Canting Committee Canting Canting	Primarily Formed Ballot Measure Committee Controlled Sponsored (Aso Complete Part 5)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	ation)	Quarierly Statement Special Odd-Year Report
Sponsored Small Contributor Committee O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	ID. NUMBER 1424210	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Carlos Escobedo for Santa Maria City Council District 1 2020	ict 1 2020	Oscar Alejandro Escobedo MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		124 W. Main Street, Suite D	STATE ZIP CODE	DE AREA CODE/PHONE
124 W. Main Street, Suite D		Santa Maria		
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Santa Maria (F DIFFERENT) NO. AND STREET OR P.O. BOX	58 805-619-0566 ox	MAILING ADDRESS	4	
124 W. Main Street, Suite D	ı,			
SIATE ZIPCODE	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
carlosforsmcitycouncil@gmail.com				

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

		onsibite Officer of Sponsor	roponent	ropement
	Signature of Treesure I Treesurer Treesurer	Signature of Controlling Officeholder, Candidate, State Measure Proposent or Resp.	By Signature of Controlling Officeroider, Candidate, State Measure P	BySignature of Controlling Officeholder, Candidate, State Measure Pro
01/28/2021	Date 01/28/2021	Daíe	Date	Date
xecubed on			xecuted on	xecuted on

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fooc.ca.gov

Page 2

of 17

STATE AT CODE AREA CODE/FRONE	210 0000	STREET ADDRESS (NO P.O. BOX)		COMMITTEE NAME I.D. NUMBER	(NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE? Officeholder(s,	COMMITTEE NAME I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive OFFICE SOUGHT OR contributions or make expenditures on behalf of your candidacy.	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 1010 W. Alvin Avenue Santa Maria CA 93458 Identify the controlli	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER City Council Member: City of Santa Maria District 1	Carios Escobedo
Attach continuation sheets if necessary		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		T OR HELD DISTRICT NO, IF ANY	ntrolling officeholder, candidate, or state measure proponent, if any. EHOLDER, CANDIDATE, OR PROPONENT	LETTER JURISDICTION SUPPORT OPPOSE	

ure Statement	
Campaign Disclosure	Summary Page

SUMMARY PAGE CALIFORNIA A CO Statement covers period Amounts may be rounded to whole dollars.

Summary Page		Staten from	Statement covers period CALIFORNIA 460 FORM	
DOCUMENTAL ON OTHER PROPERTY.		through	12/31/2020 Page 3 of 17	
NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020			1.D. NUMBER 1424210	_
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Í
Monetary Contributions	\$\frac{12,075.00}{0.00} \\$ \frac{41}{2.0}\$ \$\frac{12,075.00}{502.00} \\$ \\$ \frac{43}{50}\$ \$\frac{12,577.00}{50} \\$ \\$ \\$ \\$	41,499.38 2,000.00 43,499.38 502.00 44,001.38	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$	7 7 1
Expenditures Made 6. Payments Made	24.64	39,129.09	Expenditure Limit Summary for State Candidates	
7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS	5 22,124.64 \$ 35	39,129.09	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
. Accrued Expenses (Unpaid Bills)	0.00 0. 502.00 50	0.00 502.00	Date of Election Total to Date (mm/dd/yy)	
Add Lines 8 + 9 + 1	\$ 22,626.64 \$ 35	39,631.09	8	ž.
Current Cash Statement			\$	7
Previous Summary Page, L	\$ 14,419.93 To cal	To calculate Column B, add amounts in Column		
13. Cash Kecelpts		A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.	
15. Cash Payments Column A, Line 8 above Add Lines 17 + 13 + 14 then subtract line 15	22,124.64 of you amoun amoun be nee	of your last report. Some amounts in Column A may be negative figures that		
		should be subtracted from previous period amounts. If this is the first record being		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00 filed for only c	filed for this calendar year, only carry over the amounts		
Debts	from l any).	from Lines 2, 7, and 9 (if any).		
+ Line 9 in Column I	\$ 2.000.00		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)	2)
18. Cash Equivalents			FPPC Advice: advic	FPPC Form 460 (Jan/2016)) :e@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A Monetary Co.

Amounts may be rounded to whole dollars.

SCHEDULE A

from 10/18/2020	FORM
through12/31/2020	Page 4 of 17
	1.D. NUMBER 1424210
AMOUNT CUMULATIVE : RECEIVED THIS CALENDAR PERIOD (JAN. 1 - DE	TO DATE PER ELECTION YEAR TO DATE (IF REQUIRED)
2,000.00 2,000.00	
100.00	
250.00 250.00	
	×
1,000.00	
3,550	
12,000.00 (*Co)	*Contributor Codes IND - Individual COM - Recipient Committee
OTH	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
12,075.00	FPPC Form 460 (Jan/2016))
AMOU RECEIVE PERI 2,000.0 250.00 250.00 250.00	250.00 1,000.1

Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 46 17 ō FORM Page 5 Statement covers period through 12/31/2020from 10/18/2020

NAME OF FILER					J.D. NUMBER	BER
Carlos Escob	Carlos Escobedo for Santa Maria City Council District 1 2020				1424210	210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2020	MT. Puzzle Piece 110 S. Lincoln St. Ste. 106 Santa Maria, CA 93458	IND COM OTH PTY SCC	3 0	1,000.00	1,000.00	
10/28/2020	Roberto Pulido 941 W. Clarence Ct. Santa Maria, CA 93458	MIND COM OTH COTH SCC	VP of Human Resources Windset Farms	1,000.00	1,000.00	
10/28/2020	Tortilleria Villanueva, Inc / Tortilleria Mexico #3 1003 N. Broadway Santa Maria, CA 93454	IND COM OTH PTY		200.00	200.00	
10/28/2020	C.J.J. Farming, Inc 125 W. Mill St Santa Maria, CA 93458	COM COM DATY		500.00	500.00	
10/28/2020	New Sun Farms, Inc. 211 W. Mill St. Santa Maria, CA 93458	IND COM OTH		500.00	500.00	
			SUBTOTAL \$ 3.200	3,200		

*Contributor Codes

IND - Individual

COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	to whole dollars.	ollars.	Statement covers period		CALIFORNIA 460
				through12/31/2020		Page 6 of 17
NAME OF FILER Carlos Escob	AME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020					1.D. NUMBER 1424210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE PER ELECTION R TO DATE () (IF REQUIRED)
10/29/2020	Equity Reach Inc. DBA Novel Home Loans 722 E. Main Street, Suite 105 Santa Maria, CA 93454	OTH SCC		250.00	250.00	
10/30/2020	Lavagnino for Supervisor 2014 2151 S. College Dr. Suite 101 Santa Maria, CA 93455	OTH SCC		500.00	1,500.00	
10/31/2020	Southern California Pipe Trades District Council 16 501 Shatto Place, Suite 400 Los Angeles, CA 90020 ID: 760715	OTH SCC		1,000.00	2,000.00	
11/05/2020	King Falafel, Inc 4620 Quarter Horse Trail Santa Maria, CA 93455	O SCC		1,000.00	1,000.00	
11/09/2020	Bob Nelson for Supervisor 2020 1355 Halyard Drive, Suite 120 West Sacramento, CA 95691	OTH SCC		2,500.00	2,500.00	
			SUBTOTAL	\$ 5,250.00		

*Contributor Codes
IND - Individual
COM © Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

1424210

Carlos Escobedo for Santa Maria City Council District 1 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Carlos Escobedo	Outreach Specialist			0.00 \$	s 2,000.00	0.00	\$ 2,000.00	2.000.00
1010 vv. Alvin Avenue Santa Maria, CA 93458	Allan Hancock College	9000	6	☐ FORGIVEN		RATE		PER ELECTION
†		2,000.00 8	0.00	\$ 0.00	DATE DUE	\$	07/17/20 DATE INCURRED	60
			ta	☐ PAID				CALENDAR YEAR
02				5	49	/6	69	8
				FORGIVEN		RATE		PER ELECTION**
TO ME MOS COMMITTED TO MINISTER TO MINISTE		8	v)	69	DATE DUE	89	DATE INCURRED	8
				□ PAID				CALENDAR YEAR
		18.		8	S	30 E	u ₂	S
				FORGIVEN		PANE.		PER ELECTION**
TO IND COM OTH PTY SCC		S	82	V)	DATE DUE	8	DATE INCURRED	√2
	S	SUBTOTALS \$ 0.00	\$ 00.0	0.00	\$ 2,000.00 \$	\$ 0.00		

Schedule B Summary

- 0.00 0.00 S \$ (Include loans paid by a third party that are also itemized on Schedule A.) 2. Loans paid or forgiven this period...... (Total Column (b) plus unitemized loans of less than \$100.) (Total Column (c) plus loans under \$100 paid or forgiven.) 1. Loans received this period

SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016))

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(May be a negative number)

OTH -- Other (e.g., business entity)

643

NET

PTY - Political Party

(other than PTY or SCC)

IND - Individual COM - Recipient Committee

†Contributor Codes

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule B - Part 2 Loan Guarantors

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

SEE INSTRUCTIONS ON REVERSE

Amounts may be ro to whole dollar

		ounded Irs.
	through 12/31/2020	Statement covers period from 10/18/2020
1424210	Page 8 of 17	CALIFORNIA 460

	entor on Summary Page, Line 17 only.	\$ 0.00	SUBTOTAL			
	40				scc	
	PER ELECTION (IF REQUIRED)		DATE		□ PTY	
	en l				COM	
	CALENDAR YEAR		LENDER			
	ts				□scc	
	PER ELECTION (IF REQUIRED)		DATE		□ PTY	Ĭ.
	50				COM	
	CALENDAR YEAR		LENDER			
	\$				0000	
	PER ELECTION (IF REQUIRED)		DATE		PTY	
	5				MOO	
	CALENDAR YEAR		LENDER		□IND	
4:	\$				SCC	
	PER ELECTION (IF REQUIRED)		DATE	wi	□ PTY	
					COM	
	CALENDAR YEAR		LENDER] 2 3	
BALANCE OUTSTANDING TO DATE	CUMULATIVE TO DATE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE*	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)

Nonmonetary Contributions Received Schedule C

Amounts may be rounded to whole dollars.

Stateme	Statement covers period	CALIFORNIA A
from	10/18/2020	FORM 4
through	12/31/2020	Page 9 of 17

1424210

Carlos Escobedo for Santa Maria City Council District 1 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PER ELECTION TO DATE (IF REQUIRED)		7		<u>85</u>	
CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	502.00				
AMOUNT! FAIR MARKET VALUE	502.00				\$ 502.00
DESCRIPTION OF GOODS OR SERVICES	Radio airtime			*	SUBTOTAL \$ 502.00
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Realtor Valley Hills Realty				sheets.
CONTRIBUTOR CODE*	IND COM OTH SCC	OND COM OTH COND	COM	ON COM OTH DATA	continuation
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	Maria Elena Lopez 1444 W. Heritage Way Santa Maria. CA 93458				Attach additional information on appropriately labeled continuation sheets.
DATE RECEIVED	10/28/20				Attach ad

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- OTH Other (e.g., business entity) PTY Political Party (other than PTY or SCC) COM - Recipient Committee *Contributor Codes IND - Individual \$ 502.00 (Include all Schedule C subtotals.)..... 1. Amount received this period – itemized nonmonetary contributions.
 - \$ 0.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

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SCC - Small Contributor Committee

Schedule D Summary of Expenditures

Amounts may be rounded

	12/31/2020	
IJ.	10/18/2020	
CAIF	Statement covers period	

SCHEDULE D

Supporting Candidates	Supporting/Opposing Other Candidates, Measures and Committees	to whole dollars.	llars.	from 10/18/2020 /	Town House Son	CALIFORNIA 460
SEE INSTRUCTI	SEE INSTRUCTIONS ON REVERSE			through 12/31/2020	Page	le 10 of 17
NAME OF FILER Carlos Escobe	NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020				I.D.	I.D. NUMBER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION TO DATE (IF REQUIRED)
		Contribution Contribution Contribution		e		
		Monetary Contribution	(*			
		_				8
	Support Dppose	Independent Expenditure				
		☐ Monetary Contribution			140	k
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure		G#		
			SUBTOTAL	\$ 0.00		

Schedule D Summary

- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL... \$ 0.00 2. Unitemized contributions and independent expenditures made this period of under \$100......\$1001. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00
- FPPC Form 460 (Jan/2016))
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Payments Made Schedule E

Amounts may be rounded to whole dollars.

17 ō. CALIFORNIA FORM D. NUMBER Page 11 Statement covers period through 12/31/202010/18/2020 from

1424210

SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Carlos Escobedo for Santa Maria City Council District 1 2020

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries returned contributions voter registration RAD SAL TEL TRC TRS TSF VOT postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications petition circulating office expenses phone banks print ads MBR MTG OFC PHO POL POS PRO PRO independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* campaign literature and mailings CMP campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations legal defense FND LEG CNS CVC CTB

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	R DESCRIPTION OF PAYMENT	,	AMOUNT PAID
Facebook, Inc 1 Hacker Way Menlo Park, CA 94025		Social Media Ads	9	80.08
KIDI, KRTO, KTAP 718 East Chapel Street Santa Maria, CA 93454	RAD			1,657.50
DMH Meyer, Inc. 1560-1 Newbury Rd, #212 Newbury Park, CA 91320	LIT			14,224.21
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	dule D.	S	SUBTOTAL \$ 16,547.79	547.79

Schedule E Summary

1 Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 22,052.61	0
2. Unitemized payments made this period of under \$100	\$ 72.03	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00	

TOTAL \$ 22,124.64 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)......

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from Statement covers period 10/18/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Carlos Escobedo for Santa Maria City Council District 1 2020 through 12/31/2020 Page 12 I.D. NUMBER 1424210 of_17

EBBC Form (60 (150/3014))	2 7 d d 3		
3,493.12	SUBTOTAL\$	ກ Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
828.75		TEL	KTAS-TV PO BOX 172 Santa Maria, CA 93456
686.88		TIT	Aaron, Thomas & Associates, Inc. 21344 Superior Street Chatsworth, CA 91311
1,295.40		RAD	KRQK-FM 1444 West Ĥeritage Way Santa Maria, CA 93458
532.09	Text messages services	27	InFocus Campaigns, LLC PO BOX 10726 Fort Worth, TX 76114
150.00		LIT	Revista OKEY 543 Betteravia Rd West Santa Maria, CA 93455
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
eandidate/sponsor		member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings MBR member MTG meetings OFC office ex PET petition of PHO phone by POL polling and POL polling and POS postage, PRO profession PRO profession PRT print ads
	or the code. Otherwise, describe the payment.	ent, you may ente	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise,

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT. 17 of. CALIFORNIA LD NUMBER FORM 13 Page_ Statement covers period through 12/31/202010/18/2020 from

1424210

SEE INSTRUCTIONS ON REVERSE

radio airtime and production costs describe the payment CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise,

Carlos Escobedo for Santa Maria City Council District 1 2020

meetings and appearances member communications office expenses CMP campaign paraphernalia/misc, campaign consultants

contribution (explain nonmonetary)* candidate filing/ballot fees civic donations

CNS CVC

postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks MTG OFC PET PHO POS PRO PRO independent expenditure supporting/opposing others (explain)* fundraising events legal defense FND

campaign literature and mailings

QVI 딢

KPMR

transfer between committees of the same candidate/sponsor voter registration VOT

t.v. or cable airtime and production costs

RFD SAL TEL TRC TRS TSF

petition circulating

campaign workers' salaries

returned contributions

staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

information technology costs (internet, e-mail)

print ads

AMOUNT PAID 1,632.00 179.70 DESCRIPTION OF PAYMENT MTG TEL CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Maya Mexican Restaurant Santa Maria, CA 93458 Santa Maria, CA 93455 110 S, Lincoln St. 1467 Fairway Dr.

LIT Landslide Communications of NV 30011 Ivy Glenn Dr. #223 Laguna Niguel, CA 92677

200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (Jan/2016)) FPPC Advice; advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SUBTOTAL \$ 2,011.70

Schedule F Accrued Expenses (Unpaid Bills)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period 10/18/2020

through 12/31/2020 from_

CALIFORNIA 460 Page 14 of 17

I.D. NUMBER 1424210

	3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	*Payments that are contributions or independent expenditures must also be summarized on Schedule D. \$			NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER) (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications RFD OFC office expenses PET petition circulating PET petition circulating PHO phone banks TRC TRS POS postage, delivery and messenger services TSF PRO professional services (legal, accounting) WEB	Carlos Escobedo for Santa Maria City Council District 1 2020
ribe the payment. Intime and production costs of contributions gip workers' salaries bable airtime and production ate travel, lodging, and me souse travel, lodging, and me rebetween committees of the egistration aften technology costs (intended to the egistration of the exposition of the exposition technology costs (intended to the egistration of the exposition technology costs (intended to the exposition of the exposition technology costs (intended to the exposition of the		nents on r \$100.)		\$ 0.00		X:			

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Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

CALIFORNIA 46 FORM Statement covers period 12/31/2020 10/18/2020 through from

SCHEDULE G

17 þ

Page 15

I.D. NUMBER

1424210

Carlos Escobedo for Santa Maria City Council District 1 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc.

CMP CNS

CTB

NAME OF AGENT OR INDEPENDENT CONTRACTOR

contribution (explain nonmonetary)* campaign consultants civic donations

independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees fundraising events CVC

campaign literature and mailings

legal defense

petition circulating phone banks

postage, delivery and messenger services professional services (legal, accounting) polling and survey research MTG OFC PET PHO POL PRO PRO

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals TEL TRC TRS TSF VOT WEB

t.v. or cable airtime and production costs

campaign workers' salaries

returned contributions

RFD

meetings and appearances member communications

MBR

office expenses

radio airlime and production costs

voter registration information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

AMOUNT PAID DESCRIPTION OF PAYMENT OR CODE NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016))

TOTAL* \$ 0.00

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Schedule H Loans Made to Others*		Amounts ma to whol	Amounts may be rounded to whole dollars.	Ť.	from 10/18/2020	020	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE				<u>=</u>	through12/31/2020	020	Page 16	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Carlos Escobedo for Santa Maria City Council District 1 2020	District 1 2020						1424210	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER (D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN	8	RATE	0.	PER ELECTION**
		5		S	DATE DUE	(5)	DATE INCURRED	₩
				PAID FORGIVEN		RATE	6/1	OALENDAR YEAR S
		s	J.S.	+s	DATE DUE	မာ	DATE INCURRED	<i>ω</i>
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	r committee must must also be	SUBTOTALS	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Schedule H Summary 1. Loans made this period					s 0.00	(Enter (e) on Scredule I, Line 3)	1	
	\$100.)				\$ 0.00		,	**If Required
	ents of less than \$100.) from Line 1.)				NET \$ 0.00			
(Enter the net here and on the Summary Page, Column A, Line 7.)	/ Page, Column A, Line 7.)				(May b	(May be a negalive number)		
					(17:07) U	(Jedulin saliense)		

Schedule I

Amounts may be rounded to whole dollars.

SCHEDULE Statement covers period

Miscellane	Miscellaneous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA (C)
			from 10/18/2020	FORM
			through 12/31/2020	Page 17 of 17
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			1
NAME OF FILER				I.D. NUMBER
Carlos Escobedo	Carlos Escobedo for Santa Maria City Council District 1 2020			1424210
DATE	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESC	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		*		8
Attach addit	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL\$ 0.00	.\$ 0.00

Schedule I Summary

Collegate - Commany	000
1. Itemized increases to cash this period	\$
2. Unitemized increases to cash of under \$100 this period	\$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00

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www.fpnc.ca.gov \$ 0.00

TOTAL

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

y ik